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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Washington, DC 20231

Attorney Docket No.	1819/100053
First Named Inventor	Bruce Smith
Original Patent Number	6,368,755
Original Patent Issue Date (Month/Day/Year)	04/09/2002
Express Mail Label No.	EV138587115US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: Formal Drawings

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)



Correspondence address below

Name	Nixon Peabody LLP		
Address	P.O. Box 31051		
	Zip Code	14603	
City	Rochester	State	NY
	Fax	585/263-1600	
Country	U.S.A.	Telephone	585/263-1519

NAME (Print/Type)	John Campa	Registration No. (Attorney/Agent)	49,014
Signature	<i>John Campa</i>	Date	November 4, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1819/100053		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 22	Total Claims (37 CFR 1.16(i))	(B) 22	**** 0 =	x \$ 9 =	0.00	or	x \$ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 42 =	0.00		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$ 385.00			\$
Total Filing Fee					\$ 385.00		OR	\$
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-1138</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>385.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>November 4, 2003</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p><u>John Campa</u></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>John Campa, Registration No. 49,014</p> <p>Typed or printed name</p> </div> </div>								

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Reissue Application Transmittal Form (1 page)**
of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : **EV138587115US**
DATE OF DEPOSIT : **November 4, 2003**

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date indicated above and is addressed to Mail Stop: Reissue, Commissioner for Patents, P.O.
Box 1450, Alexandria, Virginia 22313-1450.

Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: 1819/100053
APPLICANTS: Bruce W. Smith
TITLE: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM

Certificate is attached to the **Reissue Patent Application including copy of marked-up issued patent specification, claims, and abstract (4 pages) and drawings (2 pages)** of the above-identified reissue application.

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DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: 1819/100053

APPLICANTS: Bruce W. Smith

TITLE: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM

Certificate is attached to the **Reissue Application Fee Transmittal Form**
(1 page) of the above-identified reissue application.

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DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett

(Typed or Printed Name of Person Mailing
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(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: 1819/100053
APPLICANTS: Bruce W. Smith
TITLE: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM

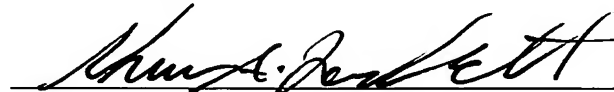
Certificate is attached to the **Statement of Status and Support for Changes to the Claims Under 37 C.F.R. § 1.173(c) (2 pages)** of the above-identified reissue application.

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DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)



(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: 1819/100053

APPLICANTS: Bruce W. Smith

TITLE: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM

Certificate is attached to the **Submission of Formal Drawings (5 sheets)** of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)



(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Reissue Application Declaration by the Assignee (3 pages)** of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : **EV138587115US**
DATE OF DEPOSIT : **November 4, 2003**

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Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.:	To Be Assigned)
)
Filed	: Herewith)
)
U.S. Patent No.	: 6,368,755)
)
Granted	: April 9, 2002)
)
Patentee	: Bruce W. Smith)
)
For	: MASKS FOR USE IN)
	OPTICAL LITHOGRAPHY)
	BELOW 180 NM)

SUBMISSION OF FORMAL DRAWINGS

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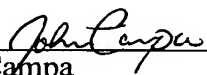
Dear Sir:

Enclosed for filing in the above-identified reissue application are FIVE sheets of formal drawings for the Office's consideration. Patentee submits that formal drawings were never submitted during prosecution of the application upon which the above-identified reissue application is based. Accordingly, the enclosed drawings are simply formal versions of the drawings contained in the above-identified U.S. Patent with no further changes. As such, no new matter has been added.

Patentee respectfully requests the Office to include the enclosed formal drawings in any reissue patent that may be granted.

Respectfully submitted,

Date: November 4, 2003



John Campa
Registration No. 49,014

NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603-1051
Telephone: (585) 263-1519
Facsimile: (585) 263-1600

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DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
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Certificate is attached to the **Statement Under 37 CFR 3.73(b) (1 page)** of the above-identified reissue application.

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Shawn A. Lockett

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